

Form App. R. 9-1 Notice of Appeal

STATE OF INDIANA)	IN THE [insert name of trial court]
) SS:	
COUNTY OF _____)	CASE NO. [insert trial court number]
_____)	
)	
Plaintiff(s),)	
)	
vs.)	
)	
_____)	
)	
Defendant(s).)	

NOTICE OF APPEAL FROM TRIAL COURT

[Plaintiff or Defendant - Insert designation and name of the party appealing], [by counsel or pro se - select one], pursuant to Ind. Appellate Rule 9(A), respectfully gives notice of an appeal from the following judgment(s) or order(s) entered by the [insert the name of the court]: [list title(s) and date(s) of appealed judgment(s) or order(s).]

This appeal is from [a final judgment or an interlocutory order – select one.]

This appeal will be taken to the Indiana [Supreme Court or Court of Appeals - select one pursuant to Ind. Appellate Rules 4&5].

Pursuant to Ind. Appellate Rule 10, the clerk of [insert name of trial court] is requested to assemble the Clerk's Record, as defined in Ind. Appellate Rule 2(E).

Pursuant to Ind. Appellate Rule 11, the court reporter of the [insert name of the court] is requested to transcribe, certify, and file with the clerk of the [insert name of trial court] the following hearings of record, including exhibits: [designate requested portions of the transcript]

Respectfully submitted,

[Insert Name of Attorney or pro se party]
Address
Telephone number

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a copy of the foregoing has been served upon the following by [indicate method of service], this ____ day of _____, 20__: [insert list of parties served, *see* Ind. Appellate Rule 9(A)(1)]

[Insert name of Attorney or pro se party]